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Linda Faye (Depositor's name) Lingla age (Signature) 4-20-07 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO

C. Phillip Brown

10/661.453 09/12/2003 TITLE OF INVENTION: NOISE REDUCTION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	05/07/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
PENDLETO	N, BRIAN T	2615	381-094300			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) Change of correspondence address for Change of Correspondence Address from PTO/SB/122 attached. Tee Address from PTO/SB/122 attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	Wilson Sonsini Goodrich & Rosati 2	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Spatializer Audio Laboratories, Inc. Santa Clara, CA

Please cheek the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖼 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Klssue Fee A check is enclosed.

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Date 4/20/07 Authorized Signature Registration No. 41,378 Typed or printed name George A. Willman (Customer #21971)

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